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STATE OF NEVADA DEPARTMENT OF CORRECTIONS



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Information Technology and Telecommunications Devices AR Acknowledgment Form

Full Legal (Personnel) Name: _____

State of Nevada Employee ID or NDOC Contractor ID Number: _____

I have read, and understood, and agree to abide by the Nevada Department of Corrections (NDOC) Administrative Regulations 140, 141, 142, 143 and 144 with regards to the use of Information Technology (IT) and Telecommunications Devices. I agree to abide by these regulations, as well as all applicable federal, state and local laws regarding Information Technology and Telecommunications Devices. I understand and agree that my access to and use of any NDOC or other State of Nevada IT or Telecommunication resource is contingent upon receipt of this signed form by NDOC Personnel, and such usage may be revoked at any time upon violation of the referenced regulations or laws. I also acknowledge that failure to comply with the Administrative Regulations or laws may result in formal investigation by the IG, disciplinary action, and/or criminal prosecution.

Signature: _____ Date: _____

Copy: NDOC Personnel File (State employees only)
MIS Help Desk (All employees, contractors, volunteers, etc.)